## APPLICATION FOR CERTIFIED COPY OR PHOTOCOPY OF MILITARY RECORD

1)	Type of Copy (check one)
2)	NAME OF VETERAN FIRST MIDDLE LAST
3)	FIRST MIDDLE LAST  Birth date of Veteran MM DD YYYY
4)	Relationship of the Person/Agency Receiving This Copy to the Person Named on the Record:
	☐ Self ☐ Immediate Family – relationship:
	OR: Authorized Agent/Representative: (check one)
	□ POA □ Funeral Director
	☐ County Director of Veteran's Affairs
	☐ Attorney ☐ Other
	☐ 75-year old record ☐ Ordered by court
	☐ Required by federal or state government or political subdivision (VA director, etc.)
5)	Reason for Needing this Copy:
6)	Number of Copies
7)	()
	Applicant's signature   Output  Day phone #
8)	Name and Address of Person Receiving this Copy (REQUIRED) (please print/type)
	Name:
	Street:
	City, State, Zip:
	OTE: As of July 2003, military personnel records maintained by the county recorders in Iowa became confidential records a few individuals or agencies entitled to copies.
FO	R OFFICE USE ONLY
	Verification Shown
	Date Initials